## **EDUCATION ASSISTANCE PROGRAM**

## **SURVEY**

Company Name:Brookhaven National Laboratory  Location:Upton, NY  Email:pandorf@bnl.gov			Contact Name:Marilyn Pandorf  Phone:(631) 344-5251  FAX:(631) 344-7163						
						-	our company offer an Education Ass	sistance Program? No Yes _X	
					1.	Who is eligible to participate in your Education Assistance Program? (Check all appropriate boxes, and fill in the parentheses if applicable.)			
	X	Regular full-time employees	Temporary part-time employees						
	X	Regular part-time employees	Employee must have completed (0) months of active employment prior to starting the program						
		Temporary full-time employees	Employee agrees to complete (0 ) months of active service following completion of the program						
	Must	te list other personnel eligibility requirement to be an employee at start of, during and er. Course must be related to the busine	at conclusion of course, and must receive a "C"	or					
2.			nent"? fyou checked Prepayment, please explain the proces	ss					
	and s	igns a form stating that if they don't meet th	oursement. For advance payment the employee agrees ne requirements stated in #1 above, they will pay back takes payments directly from their paycheck.						
3.		ou have class grade requirements? (For ese?) No _X Yes (If yes, please	example, a minimum of a "C" for undergraduate specify.)						
	A "C" or better or a letter from the instructor stating the "pass" is the equivalent of a "C" or better.								
4.	the th			е					
5.		ou have limits on the dollar amount to be p No _X Yes (If yes, please specify.)	vaid/reimbursed (i.e., \$5000/year)?						

	What education expenses are eligible under your program for payment/reimbursement? (check all that apply)  Application Fee		
6.	Do you have criteria for approving courses of study (i.e., business/job relevance)? NoX Yes (If yes, please explain.)		
	Must be related to the business of the Laboratory and must be signed off by supervisor and Tuition Assistance office.		
7.	Do you have criteria for selecting colleges/universities (i.e., accreditation, location)?  NoX Yes (If yes, please explain.)		
	Must be accredited by a Department of Education recognized accrediting agency.		
8.	Do you allow distance learning or correspondence? NoX Yes (If yes, please explain your critieria.)		
	Must meet same accrediting criteria		
9.	Do you allow employees to use company time to attend classes?  NoX Yes (If yes, please explain.)		
	If employees attend during normal work hours then they are on an approved flex-time work schedule.		
10.	<ol> <li>Do you allow employees to use company equipment (i.e., computers, printers) for completing their course work?</li> <li>NoX_ Yes (If yes, please explain.)</li> </ol>		
	Yes, at lunch and after hours		
11.	Do you use an automated system for the employee to request reimbursement? NoX_ Yes (If Yes, please answer the next few questions.)		
	Partially		
12.	Does the automated system include electronic signature? _X No Yes		
	We are working on it. We are also working on linking our Peoplesoft modules to allow us to electronically draw up checks.		
13.	If you use an automated system, is it home-grown or a commercial product (COTS)? (Please circle one.) If a COTS, what product is it?		
14.	Is there anything else that you would like to tell us about your Education Assistance Program?		

No, but I would like to tell you that the survey itself was not very user friendly. Perhaps I didn't know how to use it properly.

Thank you for participating in our survey! We appreciate you taking the time to answer these questions. We will be summarizing the data gathered and post the results to the FMSIC web site.